

Consideration for Recommendation of Modification Form (CRM) (Early Release Planning Document)

Name _____ CLIENT# _____ D.O.B. _____

Dormitory _____ Case Manager _____ Current Date _____

Charge(s): _____

Was the youth adjudicated under terms of the La. Children's Code Article 897.1? _____ Youth charged under the La. Children's Code Article 897.1 who were adjudicated of Aggravated Rape, Aggravated Kidnapping, Murder or Armed Robbery are not eligible for early release.

Court: _____ Judge: _____

Does the youth have a detainer? (If yes, complete the following.)

Parish _____ Law Enforcement Contact: _____
Name Telephone#

Custody Reclassification:

Staffing Date

Custody Level

Most recent staffing date: _____

Previous staffing date: _____

Evaluation of adjustment/progress:

Education	Academic Test Scores/Grades	Admission (Date)	Most Recent (Date)
Reading	_____	_____	_____
Math	_____	_____	_____
Language	_____	_____	_____
Other	_____	_____	_____

Academic Placement _____
(BS I, BS II, PreGED, GED, SSDII, Skills Options, Vocational,
Carnegie Units, College)

Has student earned a GED? _____ Date Earned _____

Is student scheduled to take the GED? _____ Date Scheduled _____

If youth is moved into the community to complete sentence(s), is there a significant public safety risk? _____

In my opinion, youth has or has not (circle) made significant progress in his/her academic skills. In my opinion, youth has or has not (circle) put forth significant effort in improving academic skills.

Printed Language Arts Teacher's Name _____

Signature _____

Date _____

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(Early Release Planning Document)

Youth's Name: _____

In my opinion, youth has or has not (circle) made significant progress in his/her academic skills. In my opinion, youth has or has not (circle) put forth significant effort in improving academic skills.

Printed Teacher's Name_____
Signature_____
Date

Vocational: Is this youth enrolled in vocational programming? _____ If yes, his or her instructor should submit a description of youth's progress in the vocational programs and should sign the statement below.

In my opinion, this youth has or has not (circle) made significant progress in his/her academic skills.

In my opinion, this youth has or has not (circle) put forth significant effort in improving academic skills.

Printed Vocational Teacher's Name_____
Signature_____
Date

Plans for continuing education and vocational education after release:

Treatment:

List therapeutic groups completed:

List therapeutic groups recommended on the IIP (Individual Intervention Plan) that are not yet completed:

Describe plans for ensuring that incomplete treatment goals can be addressed after release:_____

What type of location would be most appropriate if the youth is moved into the community?

_____ Home

_____ Residential Program (Group Home, Half Way House, etc.)

Youth's Name: _____

In my opinion, youth has or has not (circle) made significant progress in his/her social skills and has or has not (circle) participated fully in group and individual counseling within the last six months.

Printed Case Manager's Name_____
Signature_____
Date

Has youth been identified as SMI? ____ Yes ____ No

If yes, his/her LSUHSC counselor should complete the following:

In my opinion, this youth has or has not (circle) made significant progress in his social skills and has cooperated with Mental Health Treatment. This youth has or has not (circle) participated fully in group and individual counseling within the program.

Printed LSUHSC Counselor's Name_____
Signature_____
Date

Disciplinary History: List disciplinary tickets for youth since admission into program:

Date ticket received	Charge(s)	Disposition	A or B ticket
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following is to be completed by a custody staff member (Lieutenant or above) who regularly works with this youth:

In my opinion, this youth has or has not (circle) made significant progress in his social skills and has cooperated with security:

Printed Custody Staff Member's Name_____
Signature_____
Date

Youth's Name: _____

In my opinion, youth has or has not (circle) made significant progress in his/her specified need areas.

In my opinion, youth has or has not (circle) put forth significant effort in achieving specified need areas.

Printed Case Worker's Name_____
Signature_____
Date

Is the youth eligible for early release consideration? _____ Yes _____ No

If no, explain why not and describe what goals this youth needs to meet to become eligible:

If completion of this form indicates the youth is eligible for an early release, initiate early release procedures.

Program Manager's Signature_____
Date_____
Director of Social Services or Designee Signature_____
Date